Dr. Walker, Medicine Man:
Assimilative Healthcare and Oglala Healing at Pine Ridge Reservation, 1896–1914

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Introduction

Dr. James R. Walker reached Pine Ridge Reservation in July of 1896. Having spent the last 18 years of his career as an agency physician for the Office of Indian Affairs (OIA), Walker was well-versed in American Indian health, the theory and policy of Indian assimilation, and the new scientific field of bacteriology.[1] Upon arriving, Walker realized he had landed in the middle of a tuberculosis epidemic. In fact, throughout Sioux Country tuberculosis rates had surged following the transition to reservations in the 1870s.[2] It would remain clear to most OIA agents and physicians that tuberculosis was the leading cause of mortality among American Indians well into the twentieth century.

From the beginning of his time at Pine Ridge, Walker embarked on several investigations and interventions to treat tuberculosis and preserve Indian bodies. Formally, the OIA commissioned Walker to provide medical services to the Oglala Lakota Sioux Indians living at Pine Ridge.[3] But tacitly, he and all OIA employees were considered agents of assimilation for the federal government. As such, he brought white, mainstream sanitary habits to the Oglalas and he believed cultural assimilation would improve native health. A study of Walker's projects at Pine Ridge opens a window into the stumbling and stopgap measures of assimilation in the early-twentieth century. This confusion allowed individual employees to question and alter assimilation policy on the ground and in Washington. From above, Congress and OIA executives, in particular Commissioner Francis Leupp, led ambivalently and were reticent to

[1] Prior reservations and dates: Dec. 1878: Leech Lake (MN) and March 1892 White Earth (MN) to July 1893. Sept. 1893 to Feb.1896: Colville (WA), Feb.1896 to July 1896: Carlisle Industrial School (Carlisle, PA) Walker received his MD from Northwestern Medical School in 1873 in Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, Collection Guide.
[2] David S. Jones, *Rationalizing Epidemics: Meanings and Uses of American Indian Morality since 1600*, (Cambridge, MA: Harvard University Press, 2004), 128.
[3] The Great Sioux Nation is split among three dialects and subethnicities; the Lakota are one of these. The Oglala are the largest band of Lakota.

adequately fund reservations.[4] Instead, they authorized health investigations and responded to the surveys' bleak results by deputizing health officers and relying heavily on health education projects.

Walker partook in OIA and personal investigations, supervision, and the rearrangements of native bodies. But it was also in this unstable and questioning environment that Walker became an Oglala medicine man and shaman, probing indigenous medical and religious epistemologies. His medicine man and shaman studies stemmed from a need to collaborate with Oglala medicine men in order to more effectively rid the reservation of the "white plague" of tuberculosis. In "going native," he practiced a bold and invasive research method and crossed an epistemological line many contemporary ethnographers and OIA employees were not allowed – nor dared – to cross.

As anthropologists Raymond DeMallie and Elaine Jahner have noted, Walker's interest in Oglala culture took on a new life after he met Clark Wissler of the American Museum of Natural History (AMNH) in 1902. Wissler introduced Walker to a different use for his indigenous studies: the cultural preservation of Oglala culture via writing, recording, and archiving. Walker gathered anthropological data for the museum – a project ethnographers were undertaking at reservations across the United States.[5] The field of anthropology was in the midst of a heated theoretical reconfiguration over the future of American Indians. Anthropologists debated the importance of racial versus cultural traits in contributing to the poor health of Indians and they desired to record and investigate Indian culture before it disappeared. Walker wanted to better understand the Oglalas to preserve their knowledge because he benevolently cared about

[4] Leupp was commissioner from 1904 to 1909, see Francis Paul Prucha, *The Great Father: The United States Government and the American Indians* (Lincoln: University of Nebraska Press, 1984), 763.
[5] Raymond J. DeMallie and Elaine Jahner, "James R. Walker: His Life and Work," in *Lakota Belief and Ritual*, Raymond J. DeMallie and Elaine Jahner, eds. (Lincoln and London: University of Nebraska Press, 1991, 13-4.

them. He also advocated the OIA's policy of assimilation to white, mainstream sanitary living standards, showing the messy nature of assimilation policy through just one man in the field. Walker's seemingly contradictory intentions informed his work on the ground and reveal the OIA's loose grip on its employees and Indian "wards."

Historian Elizabeth James argues, "Indian agents and the physicians who worked for them generally believed that the first step in curing American Indians of tuberculosis (and other diseases) was to instill them with Euro-American standards and concepts." However, this method produced what James calls a "deadly paradox" in assimilation policy: its other consequences – land dispossession, poverty, and overcrowded boarding schools – exacerbated the tuberculosis epidemic.[6] I agree with James and Walker would have, too. Here, I expand her paradox to argue that Walker's interpretation of what I call "assimilative healthcare" was paradoxical, although in a different way. Walker deployed OIA-supported health measures – like supervision when possible and health education when not – to assimilate Indian minds and bodies, but he also enmeshed his life and practice in Oglala epistemology. In doing so, Walker was often more interested in quelling the tuberculosis epidemic at Pine Ridge than working within the OIA's philosophical boundaries of unforgiving assimilation. Walker's induction into Oglala medicine and shaman orders certainly affected his practice. Most strikingly, in 1906, he proposed to treat tuberculous Oglalas in an isolated tent camp. The tent camp proposal combined Walker's wish to remove and supervise sick Oglala bodies, as the OIA would support, and his trainings in Oglala culture to make tuberculosis treatment culturally sensitive. The OIA never followed through with the sanitary camp and its failure revealed to Walker the inadequacy of the OIA.

[6] Elizabeth James, "'Hardly a Family Is Free from the Disease': Tuberculosis, Healthcare, and Assimilation Policy on the Nez Perce Reservation, 1908-1942," *Oregon Historical Quarterly* 112, no. 2 (Summer 2011): 144, 147-8.

In light of feeble support from Washington, OIA employees and others on the ground, like missionaries, anthropologists, and visitors, began to rethink the usefulness of assimilation policy. Historians Cathleen Cahill and Margaret Jacobs explore OIA employees who did just this.[7] In particular, they study the divergence between bureaucratic assumptions about white women's domestic skills and the real, physical difficulties they faced trying to reproduce domesticity for their Indian students in the rugged west.[8] Cahill contends the OIA used white women to experiment with "new methods of governance," namely child removal, inside native homes and boarding schools.[9] But, she contends, the gendered contradictions between white women's feminine "moral authority" and the coercive, "masculine attributes of state power" their agency jobs required created confusion and a "renegotiation" of their identities. Cahill argues many white, female employees proudly claimed their power by identifying closely with the "Great Father in Washington" and eagerly subjugated their "wards." Herein lay a paradox for the state: white women overstepped their traditional domestic roles in order to impose domesticity on American Indians. Meanwhile, Cahill argues, many *indigenous* employees recognized their employment was an OIA strategy to assimilate them and create a "docile labor force." Instead, American Indians used their OIA wages to keep families and tribes from being split apart per assimilation's goals.[10] Additionally, Margaret Jacobs convincingly asserts that white, middle-class women joined assimilation efforts in the United States and Australia with their own maternalist agendas to "rescue" indigenous children and transform native homes. To gain political influence in the public sphere, "they hitched their maternalist wagons to the settler

[7] See also Jane E. Simonsen, *Making Home Work: Domesticity and Native American Assimilation in the American West, 1860-1919*, (Chapel Hill: University of North Carolina Press, 2006).
[8] Cathleen D. Cahill, *Federal Fathers & Mothers: A Social History of the United Stated Indian Service, 1869-1933*, (Chapel Hill: University of North Carolina Press, 2011), 90-1.
[9] Cahill, *Federal Fathers & Mothers*, 80.
[10] Cahill, *Federal Fathers & Mothers*, 71-81, 111-16.

colonial state."[11] But, Jacobs is more interested in why some white women *changed their minds* about assimilation. She lists five determining factors: the "new anthropology" of cultural relativism, radical socialist and communist movements, greater sexual liberation for women, and real affection for the indigenous families they came to know.[12]

Paternalism and ambivalence pulse unevenly through the period of assimilation policy, as do frustration and inactivity. The most effective way to demonstrate how Walker epitomized a floundering federal policy is to move chronologically through his time at Pine Ridge. Walker aimed to cure tuberculosis *and* preserve Oglala culture on paper, while continuing to advocate for the OIA's policy of cultural assimilation. Often, his assimilative and ethnographical impulses worked in contradictory manners, even if it was not evident to him. However, his paradoxical actions exemplify more broadly the ways early twentieth-century drives for assimilation and anthropological study were disordered and ineffective at achieving American Indian assimilation.

The Office of Indian Affairs, Assimilation, and Pine Ridge Prior to 1896

From the late 1860s through the late 1880s, federal official enforced Grant's Peace Policy to end the Indian wars and establish reservations for the "defeated" tribes. The federal government appointed religious figures as Indian agents and even appointed an American Indian as Commissioner of Indian Affairs, Ely S. Parker, from 1869 to 1871.[13] They also emphasized the use of missionaries to "civilize" the Indians. In the 1870s and 1880s, however, a Protestant

[11] Margaret D. Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the Americas West and Australia, 1880-1940*, (Lincoln: University of Nebraska Press, 2009), xxxi, 148.
[12] Ibid, 422-3.
[13] Francis Paul Prucha, *The Great Father: The United States Government and the American Indians* (Lincoln: University of Nebraska Press, 1984), 1: 481-4, chs. 19-23.

Christian reform movement also grew in reaction to both the Indian wars and, more significantly, to the reservation system. These self-proclaimed "Friends of the Indians" pressured Congress to solve the "Indian problem" through "Americanization," not reservations.[14] Pine Ridge Reservation was created during this tumultuous time through a series of treaties, land grabs, and Congressional acts.

The 1868 Treaty of Fort Laramie had several goals for the federal government and Sioux leaders who signed it. First, it ended Red Cloud's War and open hostilities between the Lakota Sioux and the United States. Second, it established the Great Sioux Reserve.[15] The treaty's articles presaged two future terms of assimilation policy – allotment and childhood education.[16] The treaty further stipulated the federal government would "furnish" the Great Sioux Reserve with an administrative agency and housing for a physician, a farmer, an engineer, teachers, and other vocational professionals.[17] However the federal government retained the right to remove any of these professionals, including the physician, without notice.[18] In 1876, Congress annexed the sacred Black Hills from the Great Sioux Reserve and opened the area to white miners and homesteaders. This was a terrible spiritual and material loss to the tribe.[19]

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[14] Prucha, *The Great Father*, 2: 609-10, and ch. 24.
[15] Prucha, *The Great Father*, 1: 493-4, 540-1, 632. Of course this did not ending all resistance to the United States. Crazy Horse did not surrender until 1877 and Sitting Bull was killed in 1890 (Prucha says he "gave up" in July 1881). Treaty with the Sioux-Brule, Oglala, Miniconjou, Yanktonai, Hunkpapa, Blackfeet, Cuthead, Two Kettle, San Arcs, and Santee-and Arapaho, April 29, 1868; General Records of the United States Government, Record Group 11; National Archives, transcribed by the Avalon Project at Yale Law School, Article I, XI. <http://www.ourdocuments.gov/doc.php?flash=true&doc=42&page=transcript>.
[16] Treaty with the Sioux-Brule, Oglala, Miniconjou, Yanktonai, Hunkpapa, Blackfeet, Cuthead, Two Kettle, San Arcs, and Santee-and Arapaho ,Articles VII-VIII, XII.
[17] Treaty with the Sioux-Brule, Oglala, Miniconjou, Yanktonai, Hunkpapa, Blackfeet, Cuthead, Two Kettle, San Arcs, and Santee-and Arapaho, Article IV.
[18] As long as they replaced the physician with additional education funds totaling $10,000 per year. Treaty with the Sioux-Brule, Oglala, Miniconjou, Yanktonai, Hunkpapa, Blackfeet, Cuthead, Two Kettle, San Arcs, and Santee-and Arapaho, Article IX.
[19] Prucha, *The Great* Father, 2: 632-3.

Walker joined the OIA in 1878 in search of fresh air and climatic relief from chronic dysentery.[20] In the winter of 1883, Walker was stationed at Leech Lake Ojibwe Reservation in Minnesota. When smallpox broke out at Lake Winnebegoshish, he moved into the area and imposed ruthless a quarantine and vaccination campaign, usually with gun in hand.[21] Walker's efforts successfully checked the epidemic. Four years later, Congress enacted the Dawes Severalty Act of 1887, which marked the beginning of assimilation via a formal policy of land allotment. Assimilation policy offered a continuation of missionary's spiritual "salvation," as well as physical, to Indians who adopted white, mainstream culture and economy. It also offered the federal government a way out of the quagmire of American Indian stewardship. Operating through the OIA, federal policymakers aimed to dissolve reservations into individual, family farms (allotments) and to provide western education to Indian children.[22] In doing so, it was expected the OIA would "allot" itself – and the need for such an organization – out of existence in the late-nineteenth century. But assimilation did not provide what historian David S. Jones has called the quick, "cultural alchemy" its supporters and the OIA anticipated.[23] As the OIA waited for Indians to culturally transform into whites, they continued to provide reservation services in accordance with established treaties. Yielding to white settler demands for land in 1889, Congress split what remained of the Great Sioux Reserve into six smaller reservations, one

[20] Don Southerton, "James R. Walker's Campaign against Tuberculosis on the Pine Ridge Indian Reservation," *South Dakota History* 34, no. 2 (June 2004): 109; "Life Among Indians Teaches Physician Their Lore: White Priest of Indian Tribe Writes Record of Religious Beliefs," *Rocky Mountain News* (Denver, CO) 13, Nov. 1918, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 37-1; DeMallie and Jahner, "James R. Walker: His Life and Work," 4.
[21] Jones, *Rationalizing Epidemics*, 120; History Colorado Guide, 8-9. This involved burning bodies and forcibly moving Ojibwe in the area. In 1893, he accidentally shot an Ojibwe man accused of bootlegging. Riots ensued and the OIA transferred Walker to Colville Reservation in Washington and then to the Carlisle Industrial School in Pennsylvania before appointing him agency physician at Pine Ridge.
[22] Prucha, *The Great Father*, 2: 666-71.
[23] Jones, *Rationalizing Epidemics*, 125.

of which was Pine Ridge.[24] During all of this, violence directed at American Indians persisted. On December 28, 1890, the United States Seventh Cavalry killed over 150 Lakota followers of the millenarian Ghost Dance movement at Pine Ridge's Wounded Knee Creek.[25]

During this violent and politically unstable time, the state of medical care on Sioux reservations in the 1880s and 1890s was pluralistic, historian Jeffrey Ostler argues. He contends the OIA's medical division had inadequate resources and supplies, poor organization, and limited outreach capacity. Particularly in the 1880s, medicine men and physicians were rarely in direct competition for patients. While hostility between OIA employees and medicine men existed, there was leeway for collaboration, as Dr. Charles Eastman recounted in his autobiography *From the Deep Woods to Civilization: Chapters in the Autobiography of an Indian*. The OIA assigned Eastman, a medical doctor and Santee Dakota Sioux, to Pine Ridge from 1890 to 1891.[26] As an Indian and physician, Eastman wrote in his autobiography that he once collaborated with an unnamed medicine man to treat a sick Oglala child. After that, he wrote, "it was not unusual for him and other conjurers to call at my office to consult me, or 'borrow' my medicine."[27] Ostler contends many Sioux Indian healers and patients consulted both western and indigenous medicine, especially when they believed the ailment was Euro-American in origin.[28] That said, David Jones contends many agency physicians on Sioux reservations in the 1890s were under pressure to "destroy" the medicine men's political power. They harshly criticized native healing methods and only rarely and reluctantly admitted the efficacy of specific parts of the healers'

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[24] Prucha, *The Great Father*, 2: 631-40, Great Sioux Agreement March 2, 1889, 25 United States Statute 888.
[25] Prucha, *The Great Father*, 2: 626-30, the Wounded Knee Massacre was one of the most horrific events in nineteenth-century federal-Indian relations.
[26] Jeffrey Ostler, *The Plains Sioux and U.S. Colonialism from Lewis and Clark to Wounded Knee* (Cambridge: Cambridge University Press, 2004), 185-6.
[27] Charles A. Eastman (Ohiyesa), *From the Deep Woods to Civilization: Chapters in the Autobiography of an Indian*, (Boston: Little Brown, & Co., 1916), 123. Also quoted in Ostler, *The Plains Sioux and U.S. Colonialism*, 186.
[28] Ostler, *The Plains Sioux and U.S. Colonialism,* 186.

work, like setting fractures.[29] Both of these interpretations contextualize Walker's relationships with the medicine men at Pine Ridge. He often collaborated with them and expressed frustration at them.

Walker Becomes a Medicine Man, 1896–1905

James Walker began several investigative projects during his first decade at Pine Ridge. He hoped these projects would preserve *and* alter Oglala minds and bodies. Erasing indigenous culture was a cornerstone of assimilation policy yet Walker saw value in learning Oglala epistemology and channeling the medicine men's political power. Later, under the guidance of the AMNH, he also set out to preserve Oglala culture on paper. At the same time, the OIA's reformist impulse began to soften in the face of persistently nonassimilative Indians and their sick bodies. Revisionist historians of assimilation convincingly claim nineteenth-century optimism gave way to early twentieth-century disillusionment as evidenced in more modest assimilation goals. Within this context, Walker first got his bearings at Pine Ridge, decided tuberculosis was the biggest threat to Indians' physical existence, and quickly confronted the Oglala medicine men about the problem. From 1897 to 1903, the duties of Pine Ridge's two physicians allowed Walker to closely supervise sick Oglalas and teach them hygiene. After 1903, the physicians' responsibilities were reorganized and Walker had less time for tuberculosis prevention. As a result, he became increasingly cynical towards the OIA and advocated for more culturally sensitive tuberculosis prevention methods – taking seriously their "superstitions." Meanwhile he began collecting anthropological data for the AMNH from 1902 until his

[29] Jones, *Rationalizing Epidemics*, 151-2 and Ostler, *The Plains Sioux and U.S. Colonialism*, 184-5: Dr. J. M. Woodburn at Rosebud Agency cited as reluctantly praising medicine men's abilities to set fractures and dislocations.

retirement 1914. On the reservation, Walker tried to hide his cultural studies from skeptical missionaries and reservation agents as well as OIA officials in Washington.

Walker believed tuberculosis was his main adversary at Pine Ridge. Statistics from Walker are problematic as he was financially and administratively incapable of large-scale statistical investigations. But it is clear that most agents and physicians considered tuberculosis to be the leading cause of mortality among American Indians.[30] David Jones estimates the tuberculosis incidence rate at Pine Ridge from 1879 to 1900 was 17 per 1,000. In 1896, Walker recorded 741 cases of tuberculosis out of 4,983 Oglalas at Pine Ridge. Of those patients, 124 died that year, which put the annual death rate from tuberculosis at 24.88 per 1,000.[31] While the numbers may not be exact, the impression of health disparity is evident. Several federal officials and agency physicians noted from the 1890s through 1910s that tuberculosis prevalence was at least three times higher among the Sioux than among whites.[32] In "James R. Walker's Campaign against Tuberculosis on the Pine Ridge Indian Reservation," Don Southerton compares Pine Ridge mortality data from 1896, 1903, and 1907 to overall U.S. mortality rates from tuberculosis in 1900, 1905, and 1910. The differences are striking. In 1896, Walker's 24.88 per 1,000 measured against a national average of 1.94 deaths per 1,000. In fact, that was the highest national average in the years under study. This compared to Pine Ridge's 13.45 per 1,000 in 1903 and 16.20 per 1,000 in 1907.[33] Even in 1928, the Meriam Report – considered the death

[30] Jones, *Rationalizing Epidemics*, 128-130.
[31] James R. Walker, "Tuberculosis Among the Oglala Sioux Indians," *The American Journal of the Medical Sciences* 134, no. 4 (Oct. 1906): 604. Read at the National Association for the Study and Prevention of Tuberculosis, Washington DC, May 17-18, 1906.
[32] Jones, *Rationalizing Epidemics*,129.
[33] Southerton, "James R. Walker's Campaign against Tuberculosis," 111-2, tables 1 and 2. Data comes from U.S. Dept. of Commerce's *Statistical Abstract of the United States*, Walker's data, and Aleš Hrdlička's data from his 1908 survey (cited elsewhere).

knell of assimilation policy – listed tuberculosis as the leading cause of death for all American Indians.[34]

Revisionist scholars like Frederick E. Hoxie and Tom Holm contextualize assimilation policy within early twentieth-century society and politics, and call attention to how Progressive-era contradictions in the policy and enforcement ultimately disabled it.[35] In the early twentieth century, Hoxie argues, "optimism and a desire for rapid incorporation were pushed aside by racism, nostalgia, and disinterest."[36] Racism in the west contradicted and undermined assimilative efforts as did federal encouragement and white consumption of Indian arts and crafts.[37] Furthermore, Hoxie and Holm argue racism and pessimism affected scientific theories of evolution.[38] In light of Indian cultural perseverance in the early twentieth century, they argue policymakers and implementers cautiously and cynically altered the meaning and goals of assimilation from egalitarian integration into mainstream society and economy to vocational training for marginalized and subordinate roles in the American labor force.[39]

The OIA hired reservation physicians like Walker to provide biomedical care for several purposes. The first was to fulfill treaty obligations while simultaneously annexing and allotting Indian lands out of tribal control. Biomedical supplies and services also superficially addressed the desperately poor health status of many Oglalas. It eased OIA guilt over the impoverished conditions at Pine Ridge, a problem perpetuated by insufficient funding and inadequate housing,

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[34] Institute for Government Research, *The Problem of Indian Administration*, (Baltimore: Johns Hopkins Press) 21 February 1928, 200-208. In table 6 (204): 26.2% of the 2,773 deaths reported were due to tuberculosis (an additional 19.8% of deaths had no cause listed). The report estimated that from 1916 to 1925, an average of 1,760 American Indians died from tuberculosis each year. In table 4, (200) South Dakota reported 157 deaths from tuberculosis in 1925; table 5 (202-3) indicates that Pine Ridge accounted for 51 of those deaths (rate of 6.2 per 1,000).
[35] Frederick E. Hoxie, *A Final Promise: The Campaign to Assimilate the Indians 1880-1920* (Lincoln: University of Nebraska Press, 1984), xiv-xv; Tom Holm, *The Great Confusion in Indian Affairs: Native Americans and Whites in the Progressive Era* (Austin: University of Texas Press, 2005), xii, 150.
[36] Hoxie, *A Final Promise*, 113.
[37] Holm, *The Great Confusion in Indian Affairs*, xv.
[38] Hoxie, *A Final Promise*, 115-7.
[39] Hoxie, *A Final Promise*, 209-10; Holm, *The Great Confusion in Indian Affairs*, 152 on "marginality."

nutrition, and support systems.[40] Additionally, in the late nineteenth century the OIA expected direct biomedical interventions – disease-specific vaccination and control campaigns – to assimilate Indian bodies.[41] That said, many OIA employees had unorthodox relationships with the Indians in their charge and began to question assimilation and its motives.[42]

When Walker arrived at Pine Ridge, he came with a clear idea of the challenges to tuberculosis control. The "antagonism of the medicine men" ranked high among them in his mind.[43] He was both impressed and annoyed with the medicine men at Pine Ridge. But he knew, above all, that they had real power in the community. He also knew he would need to collaborate with them to access their political power and combat tuberculosis. Walker wrote in 1906 to the Tuberculosis Committee of the New York Charity Organization Society about his early work on tuberculosis at Pine Ridge for their weekly circular, *Charities and the Commons*.[44] In the letter, he recalled being struck by "the power of suggestion" the medicine men applied in their treatments.[45] As a result, he decided to learn their methods.[46] According to testimony from three Oglala medicine men, Little Wound, American Horse, and Lone Star, in September 1896 they agreed to teach him their methods.[47] Walker was inducted into the Buffalo Medicine Society and learned disease diagnoses and treatments.

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[40] James, "'Hardly a Family Is Free from the Disease,'" 158.
[41] Prucha, *The Great Father*, 2: 842.
[42] See Jacobs, *White Mother to a Dark Race*, Cahill, *Federal Fathers & Mothers*, and Tsianina K. Lomawaina, *They Called It Prairie Light: The Story of Chilocco Indian School*, (Lincoln: University of Nebraska Press, 1994).
[43] Letter, James R. Walker to Paul Kennaday, Secretary for the Tuberculosis Committee of the New York Charity Organization Society, National Archives, Record Group 75, Letters Received Bureau of Indian Affairs, Pine Ridge 1906-133671 (received from Raymond DeMallie). The report was published in an undated issue of *Charities and the Commons*, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 42-1. It was reprinted in DeMallie and Jahner, "James R. Walker: His Life and Work,"12. Kennaday had requested a report of Walker's work on tuberculosis at Pine Ridge. I will use this version in further citations.
[44] Letter, Walker to Kennaday, in DeMallie and Jahner, "James R. Walker: His Life and Work,"11.
[45] James R. Walker, "Autobiographical Statement," in *Lakota Belief and Ritual*, DeMallie and Jahner, eds., 47.
[46] Letter, Walker to Kennaday, in DeMallie and Jahner, "James R. Walker: His Life and Work," 10.
[47] Little Wound, American Horse, and Lone Star (Antoine Herman, interpreter), "Instructing Walker as a Medicine Man," *Lakota Belief and Ritual*, DeMallie and Jahner, eds., document 2, 68.

This was the beginning of Walker's epistemological transgression into Oglala culture. His Buffalo mentor gave him instruments, songs, and remedies. Walker evaluated the herbal medicines and was convinced that some had "actual medicinal qualities." Walker grew curious about the Oglalas' immense "faith" the medicine men's treatments because, he wrote, "as a medicine man I practiced some of their methods, sometimes with success, but not such as the Oglala medicine men had." Walker quickly inquired as to why certain Oglala healing procedures required herbal remedies and others only required song, rattle shaking, and pipe smoke. Walker's mentor suggested he consult the holy order of shamans for answers. According, to Walker, the shamanic order at Pine Ridge consisted of only five holy men in the late1890s. They refused to tell him their secrets unless he was inducted into their ranks – a ritual previously open only to "full-blooded" Oglalas. George Sword, a shaman, Christian deacon, and captain of the Indian police force at Pine Ridge, persuaded the shamans to induct Walker. Sword, who was one of Walker's primary ethnographical informants, wanted to *preserve* Oglala holy knowledge "in writing" so that future generations would remember, if not practice, their ancestors' religion and culture.[48] On Sword's request, Short Bull, a former "apostle of the Ghost Dance" on the reservation, sought a vision, and its results, according to Walker, indicated that he could be inducted.

At his induction ceremony, Walker promised to follow the rituals as he had thus far been instructed. Walker later wrote, "I did so sincerely, for I recognized in their traditions that universal equality of mankind which sees in nature mysteries beyond human understanding and deifies that which causes them."[49] Walker gave credence not so much to the specific cosmology

[48] Walker, "Autobiographical Statement," 46-47. Raymond DeMallie pieced together this statement from 3 drafts of Walker's intended introduction to his work on Oglala Mythology written seemingly after he left retired. Also, Short Bull was "the apostle of the Ghost Dance among the Sioux."
[49] Ibid, 49.

the Oglala shamans taught him, but rather to the idea that alternate cosmologies existed and could be valid within certain groups. While he had a different explanation for the medicine men's successful treatments ("the power of suggestion"), Walker accepted that their patients' relief was real.[50] This insight is key to understanding Walker. He acknowledged the Oglalas' right to make meaning out of the world.[51] From this early glimpse into Walker's attitudes, it is clear he was drawn into the orbit of Oglala culture even before the AMNH knew he existed.

During this period, Walker used his relationship with the medicine men to engage them in debates about the causes of tuberculosis. According to a medicine man named No Flesh, tuberculosis came about from a battle of wits between two spirits, Iya and Iktomi. The result of their trickery was a worm that, when swallowed, lodged in the lungs and ate its victims from the inside out.[52] Walker wrote that he witnessed medicine men "pretending" to draw a worm from a patient's lung, and thus cure them. He publicly applauded their work, but surreptitiously accused them of malicious "trickery." In private, he mounted infected sputa on a microscope "and succeeded in showing the bacilli to some." Walker also recorded every case of tuberculosis and which form of healing, Oglala or biomedical, the patient received in order to prove the

[50] Walker, "Autobiographical Statement," 46-7. Also in letter to Kennaday. We have evidence that by 1905 they had shared their "mystic lore" with him.
[51] Letter, Walker to Kennaday, in DeMallie and Jahner, "James R. Walker: His Life and Work," 10.
[52] No Flesh, "The Causes of Disease," Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 139-1. The full origin story: tuberculosis originated with two spirits named Iya and Iktomi. Iya was hungry, but knew his brother, Iktomi, would not help him procure the spirits of the dead he desired to eat. So Iya told Iktomi he wanted human flesh instead. Iktomi then gave Iya a worm and instructed him to put it in the water. He knew that the worm would consume the flesh of the victims before killing them, leaving Iya with nothing but spirits to satiate his appetite. Thus, Iya got his spirits and through this trickery tuberculosis came to the Oglala people. No Flesh's story demonstrates that tuberculosis had origins outside Euro-American contact. However, even Walker noted the exacerbation was due to reservation living (see Sept. 4, 1906 letter to Leupp).

importance of a bacteriological understanding of the disease for treatment.[53] He claimed he was able to convince some medicine men of the microbe's power.[54]

Perhaps it was easy for Walker to debate these epistemological matters because of the close relationships he was forming with the medicine men. Moreover, as Jeffrey Ostler has argued, Pine Ridge medicine men had consulted with physicians whom they trusted in earlier decades.[55] Stephen Kunitz and Robert Trennert have argued for similar medical pluralism among Navajo healers and patients where physicians were seen to provide symptomatic relief much like herbalists.[56] In this context, the Oglala medicine men may have listened patiently to Walker. But it seems they withheld from fully embracing him. In one example, Short Bull made Walker his *hunka*, a bond stronger than blood among the Oglalas, and one notoriously difficult for a white man to attain.[57] Yet Walker's *hunka* ceremony, like his induction into the Buffalo Medicine Society and the shamans' holy order, was abbreviated.[58] The medicine men either did not believe Walker had the indigenous capacities for the ceremonies and vision quests, or they wanted to protect that first-hand experience of the *full* ceremonies from outsiders.

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[53] There were no antibiotics at this time, so treatment was based in fresh air, diet, and avoiding infected sputum. See Sheila Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*, (New York: Basic Books, 1994).

[54] Letter, Walker to Kennaday, in DeMallie and Jahner, "James R. Walker: His Life and Work," 11.

[55] Ostler, *The Plains Sioux and U.S. Colonialism,* 185-6.

[56] Stephen J. Kunitz, *Disease Change and the Role of Medicine: The Navajo Experience*, (Berkeley and Los Angeles: University of California Press, 1989), 6-7, and Robert A. Trennert, *White Man's Medicine: Government Doctors and the Navajo, 1863-1955*, (Albuquerque: University of New Mexico Press, 1998), 6-9.

[57] American Museum of Natural History, *Anthropological Papers of the American Museum of Natural History Vol. XVI, Part II: The Sun Dance and Other Ceremonies of the Oglala Division of the Teton Dakota By J. R. Walker*, (New York: Published by the Order of the Trustees, 1917), 122, 140.

[58] Walker, "Autobiographical Statement," 48-9; American Museum of Natural History, *Anthropological Papers of the American Museum of Natural History Vol. XVI, Part II: The Sun Dance and Other Ceremonies of the Oglala Division of the Teton Dakota By J. R. Walker*, 140. In both cases Short Bull was his proxy. Walker wrote in *The Sun Dance* that Walker observed a *hunka* ceremony and afterwards, Short Bull, "waved a horse-tail over the author and placed a stripe of red paint on the author's forehead, and, with no further ceremony, declared the author his *Hunka*, and ever afterwards addressed him as such (140)." Short Bull had the vision that allowed Walker to become a shaman – a quest an inductee would usually need to undertake themselves.

Along with his shaman training, Walker wanted to study the state of tuberculosis at Pine Ridge. Eighteen hundred ninety-seven was good to him. The OIA rearranged the reservation physicians' duties, which freed Walker to closely investigate and supervise tuberculous Oglalas and to teach them OIA-approved sanitary hygiene in person.[59] He also conducted a study of tuberculosis's etiology desiring to know, "if the bacilli of tuberculosis are thrown off from persons haveing t [sic] the disease in such great numbers and are deposited on things they come in contac [sic] with, or are dried and float as dust in the air, still [retaining] their vitality so as to infect others, why are not all who come into contact with these bacilli infected with tuberculosis?" For this experiment, he visited 20 Oglala households where at least one resident had been recently diagnosed with pulmonary or glandular tuberculosis.[60] At each house he set out four plates and then cultured the dust the plates had collected. Plates from 17 of the 20 houses grew at least one colony of *mycobacterium tuberculosis*. Walker inspected Oglala homes on the microbial level to prove the everyday dangers tuberculous Oglalas, and their "unsanitary" habits, posed to their loved ones. His records from this time reveal his paternalistic concern for Oglala health. In studying tuberculosis from a microbial perspective and learning Oglala healing rituals, he was doing whatever it took to combat the disease.

Walker had the intellectual and administrative leeway to engage with the medicine men, but this is not to say that other westerners understood or approved of his activities. As an OIA agent sent to investigate and assimilate native bodies, Walker approached his work with an openness that horrified the missionaries at Pine Ridge. Elizabeth James contends many of Walker's white contemporaries would have disagreed with his methods as they were "completely

[59] Letter, Walker to Kennaday, in DeMallie and Jahner, "James R. Walker: His Life and Work," eds.,11.
[60] "Experiments with bacilli of tuberculosis," by James R. Walker, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver Colorado, folder 201-1, 1.

at odds with those of the Indian Office and with federal policy."[61] In 1898, after realizing Walker was studying under the shamans, the reservation missionaries complained to the OIA that he was promoting "heathenism" among the Oglala.[62] While Walker was internally acquitted on those charges, even the Pine Ridge agent, John Brennan knew little of Walker's epistemological queries.[63] It seems Walker might have understood the limits of his white colleagues' tolerance, and so he crafted an image of *fighting* the medicine men in his letters and reports to the OIA.

Walker's 1898, 1899, and 1900 reports to the Commissioner of Indian Affairs point to this interpretation of his outward condemnation of the medicine men's influence.[64] In his reports, Walker dismissed their therapeutic efficacy and often tried to measure the Oglalas' "dependency" on them. Walker may have known the bureaucratic and philosophical boundaries of the OIA's executives and many of its employees. But Walker also emphasized the Oglalas' reliance on medicine men to highlight insufficient funding and a dearth of agency physicians.[65] The Oglalas' confidence in agency-based healthcare was growing, he argued, however there were not enough physicians to provide medical aid to all who requested – and needed – it. Insufficient funding plagued Pine Ridge for many years. As such, Walker was not afraid to criticize the OIA when he felt it was necessary. In his 1904 report to the Commissioner of Indian Affairs, Walker scolded the OIA after it delivered an inadequate supply of medications

[61] James, "'Hardly a Family Is Free from the Disease,'" 162.
[62] Walker, "Autobiographical Statement," 48, see DeMallie and Jahenr's footnote 60: Letter, McLaughlin to Hon. Commissioner of Indian Affairs, June 14, 1898, Inspections file, 28158-1898, Records of the Office of Indian Affairs, Record Group 75, National Archives.
[63] Walker, "Autobiographical Statement," 48; DeMallie and Jahner, "James R. Walker: His Life and Work," 20. DeMallie and Jahner quote Brennan in 1908 assuming Walker was working on his reservation statistics and writing "a novel or book of Indian legend."
[64] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1900, 379. He wrote he was confident their influence would evaporate when older Oglalas, those he considered most closely aligned with a traditional Oglala cosmology, did.
[65] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1898, 277 and 1899, 337. Jeffrey Ostler mentioned Cheyenne River physician Z.T. Daniel also contended that the medicine men in the 1880s only persisted because there were not enough agency physicians, 183-4.

for the year. Pine Ridge's medications lasted only six months, and as a result, many Oglalas died unnecessarily.[66] Experiences of incompetence like this were some of the reasons Walker would suggest new plans for dealing with tuberculosis in 1906.

In 1902, Clark Wissler visited Pine Ridge Reservation as part of a broader project to collect ethnographic data on American Indians for the American Museum of Natural History. There he met Walker. At the time, Wissler was assistant curator for the museum's department of ethnology and a graduate student in anthropology at Columbia University under Franz Boas.[67] Boas is considered the father of modern anthropology in part for believing culture, not race, accounted for differences among people.[68] He formulated the theory of cultural relativism. In 1887 he described, "the main object of ethnological collections should be the dissemination of the fact that civilization is not something absolute, but that it is relative, and that our ideas and conceptions are true only so far as our civilization goes."[69] He worked against racialized theories of Indian disappearance neatly contained under the banner of the "Vanishing Indian." Frederick Hoxie has identified Boas's work as instrumental to the early-twentieth-century anthropological splintering over the question of race – whether or not all races *could* be "uplifted." This, Hoxie argues, generated confusion among politicians and dealt a "silent blow" to assimilation policy.[70] Overall, however, social scientists supported the opinion that American Indians were primitive and their chances for advancement were limited.[71]

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[66] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1904, Dr. James R. Walker, 332.
[67] Hoxie, *A Final Promise*, 138. Ethnography is the study of a single culture. Ethnology is the comparative study of several cultures.
[68] Ibid, 117.
[69] Franz Boas in Franz Boas and William H. Dall, "Museums of Ethnology and Their Classifications," *Science* 9, no. 228 (June 17, 1887): 589.
[70] Hoxie, *A Final Promise*, 117, 143-4
[71] Ibid, 145.

When Wissler replaced Boas as chief curator of the museum's ethnology department in 1905, he seized upon Walker's interest in Oglala culture. Wissler authorized Walker to begin several research projects related to the museum's Pan-Indian ethnological research.[72] These projects included a study of the *hunka* ceremony, Oglala games, and measurements of the Pine Ridge Oglala bodies, for which the AMNH agreed to pay Walker 16 cents per body.[73] This study later led Walker to conclude, "the average strength, endurance, and vitality of these Indians appear to be about the same as that of the whites. It thus appears that in person the Indians are as well adapted to fulfill the requirements of a healthy life as are the whites." Therefore, Walker assumed the pre-conditions for tuberculosis flourished in Indian living conditions and culture.[74]

Walker was an ideal representative of the OIA's sustained objective to decipher the native body and home. The Commissioner of Indian Affairs required annual vital statistics and detailed reports on tribes' "progress" towards civilization. Through 1906, reservation reports to the commissioner were printed in his annual report. After 1906, the organization of the commissioner's reports shifted from individual reservation reports to general themes. The pre-1907 reports offer tables upon tables of vital statistics, population counts, and school enrollments for every reservation in the United States, including Pine Ridge. Walker compiled many of Pine Ridge's statistical tables from 1896 to 1906. When those tables are compared to the other South Dakota reservation reports, Walker's interest in vital statistics is apparent. Where most other South Dakota agencies provided census counts sorted by sex and age, Walker additionally supplied births, deaths, and patient cases classified by sex and race – "Indians," "mixed bloods,"

[72] DeMallie and Jahner, "James R. Walker: His Life and Work,"15-6.
[73] Ibid, 13-16. On this page they reprint of a letter from Walker to Clark Wissler (AMNH), 8 March 1905 and note that on 10 May 1905 Wissler approved the study.
[74] Walker, "Tuberculosis Among the Oglala Sioux Indians," 601. His examination of infants is even more striking as he argues Indian child "begins life with a little better physique than does the white infant.

and "whites."[75] His work was mostly interested in "full-blooded" Oglalas since he believed "mixed blood" Oglalas were more readily assimilating to western lifestyles *and* more healthy because of it.[76]

Walker's interest in race, and his inconsistent opinions on its importance in predicting Indian health, fit squarely within broader anthropological and political concerns about race and culture. Locating the point of weakness in Indians was essential to curing and assimilating them. Many wanted to know: was poor Indian health conditioned inside their bodies or their minds and behaviors? Ignorance and predisposition were popular western and official explanations for American Indian morbidity and mortality in the late nineteenth and early twentieth centuries.[77] Likewise, scientific racism and heredity were also contested but popular explanations for this epidemiological trend.[78] Walker typically concluded that Oglala bodies were as physically fit as white bodies, and blamed their circumstances and behavior for their ill health.[79] That said, he

[75] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1897, 1899 1900 1901, 1902, 1903 included comparisons with past years (gains and losses), and 1904. In the 1905 report, Walker claims he was unable to keep statistics on the entire reservation, but does note the births and deaths and medical cases among the 4 districts he visited, 339. The 1906 repot was a retrospective study, relatively lacking in tables, but the data is in the writing, 357. Agent Brennan also seems more keen to keep detailed records.

[76] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, Dr. James R. Walker, 1901, 367; 1903, 310.

[77] As with other vulnerable populations, David S. Jones argues ignorance and predisposition were popular white, middle-class explanations for American Indian morbidity and mortality in the late nineteenth and early twentieth centuries. Jones devotes two chapters of *Rationalizing Epidemics* to tuberculosis among the Sioux. He focuses on agency physicians on Sioux reservations, arguing they were overworked, the agencies were underfunded, and that these trying circumstances generated a variety of responses among physicians. Jones believes Walker was the most optimistic of the physicians he studies. Jones also notes, as I have, that Indian behavior became a scapegoat for explaining high rates of tuberculosis among the Sioux. To westerners and Indian Service agents, the Lakota were mostly to blame for their poor health. Jones cites "careless living," traditional sweat baths and pipe smoking, an uneasiness with sedentary lifestyles on reservations, and hereditary predisposition as popular causes for the high rates of tuberculosis among the Lakota. He further cites scientific racism and heredity as contested but popular explanations for this epidemiological trend, however he is careful to note that many physicians and agents, especially Walker, believed living conditions and, to a lesser extent, racial susceptibility were to blame. Jones, *Rationalizing Epidemics*, 128, 133-7.

[78] Jones, *Rationalizing Epidemics*, 137.

[79] Letter, James R. Walker to Hon. Commissioner of Indian Affairs, 4 September 1906, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 207-1, 4-5; Jones, *Rationalizing Epidemics*,

sometimes expressed conflicting beliefs side-by-side. In his 1898 and 1899 reports to the commissioner, Walker wrote that Oglalas' "filthy" habits, unclean houses, and "indiscretions of diet" rendered their bodies weak to active tuberculosis.[80] In the 1900 report to the Commissioner of Indian Affairs, however, he wrote that his statistics had showed him "the greater physical weakness of the Indian is inherent in his being, and that white men, or men with part white blood, living under the same conditions as the Indians, have greater vitality, resist disease better, and increase the more rapidly."[81] Similarly conflicted sentiments appear in Walker's later writing as well. In a time of changing biomedical understandings of disease, ideas consistent with constitutional predisposition persisted alongside new, microbial causes of illness in the amorphous realm of regular medicine.[82] Moreover, perhaps when Walker reported to the OIA, he wanted to work within their philosophy. If he wrote the Indians were inherently healthy, he might have feared the OIA would see less of a need to fund the reservation adequately. By arguing their habits needed adjustment, he worked within the Progressive-era OIA's mix of hands-off and invasive approached to Indian health.

Roosevelt appointed Francis E. Leupp to Commissioner of Indian Affairs in 1904.[83] Leupp's tenure as commissioner from 1904 to 1909 marked this pessimistic shift in assimilation policy.[84] As a member of Roosevelt's "cowboy cabinet," Leupp demoted Indian policy from the

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155, Jones is careful to note that many physicians and agents, especially Walker, believed living conditions and, to a lesser extent, racial susceptibility were to blame.

[80] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1898, 278, and 1899, 337.

[81] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, Dr. James R. Walker, 1900, 379.

[82] For an analysis of the "marriage of sanitary science and germ theory" in the late nineteenth century, Nancy Tomes, *Gospel of Germs: Men, Women, and the Microbe in American Life*, (Cambridge, MA: Harvard University Press, 1999), particularly the first three chapters.

[83] Prucha, *The Great Father*, 2:847.

[84] While all schools of historical thought acknowledge the gradual approach to assimilation taken by Roosevelt and his Commissioner of Indian Affairs, Francis Leupp, the revisionist school highlights Leupp's term as commissioner from 1904 to 1909 in officially ending the "enlightened" boarding school period in favor of more "realistic"

national to regional stage, underscoring federal ambivalence in Indian assimilation and highlighting pro-western development priorities.[85] As such, Tom Holm has called Leupp's management style "troubleshooting" rather than guided by an ordered political theory.[86] Yet, truly knowing the Indian body and the Indian home were important to Leupp, the OIA, and physicians like Walker and generated a new cycle of federal interest in Indian health.[87]

The Sanitary Camp and Its Fallout, 1906–1910

After the OIA reorganized Walker's duties at Pine Ridge in 1903, he had less time for hands-on tuberculosis prevention. He watched tuberculosis rates spike and, as a result, became increasingly cynical towards the OIA. He began to advocate for more culturally sensitive tuberculosis prevention methods – taking seriously their "superstitions." Walker's last eight years at Pine Ridge represent the zenith of his optimism and its nadir. He was now a medicine man and shaman, but he was also still a physician who needed more funding and the freedom to supervise the increasing numbers of sick Oglalas. To solve his supervisory problems, Walker proposed a sanitary tent camp for tuberculous Oglalas. He would remove the sick from their homes and monitor their bodies and hygiene closely, but in a way that took into consideration Oglala beliefs about illness and lifestyle. The years 1906 to 1908 represent the intersection of Walker's shaman training, his tuberculosis concerns, and the OIA's renewed efforts to investigate and improve American Indian health. Walker pursued health projects that were both

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vocational training and day school. The year 1910 marks the end of using education to civilize. Hoxie, *A Final Promise*, 201-5, 210

[85] Ibid, 104-5. He further believes the "Indian problem" remained a westerner-controlled issue through the end of the Wilson administration, 108.

[86] Holm, *The Great Confusion in Indian Affairs*, 164.

[87] James, "'Hardly a Family Is Free from the Disease,'" 150.

in line with OIA's contradictory investigations into Indian health and health education *and* with Oglala understandings of disease.

From 1903 to 1906, Walker publicly bemoaned his reduced capacity to supervise sick Oglalas. The reorganization of the physicians' duties at Pine Ridge in 1903 made it impossible for Walker to physically supervise sanitation in native homes, a necessity for tuberculosis prevention.[88] As proof, in this same letter Walker argued the incidence of tuberculosis had increased by 30% and mortality rates had increased by "more than 62 per cent" since 1903.[89] In Walker's mind, the Oglalas had interpreted his absence as a change of heart, so "…they have somewhat resentfully disregarded my instructions and have been reverting to their old ways of caring for the sick and carelessness of the dangers of infection."[90] Walker publicly interpreted that the Oglalas needed him, projecting his paternalism onto his relationships with his "wards." In his 1906 report to the commissioner, Walker remarked, "there is no other method that will bring this people to a full recognition of the benefits of civilization as quickly as will a civilized method of caring for their sick and afflicted, and there is nothing that will retard such recognition so much as to create a dependence upon such methods and then deny the means for carrying them out."[91] Biomedicine, Walker argued, could be the most effective assimilative tool, but providing , however, healthcare could be the most dangerous weapon against assimilation.[92] This was a real concern for the OIA, however the Office of Indian Affairs also employed

[88] Walker to Kennaday, in DeMallie and Jahner, "James R. Walker: His Life and Work,"11-12, also mentioned in United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1906, 356.
[89] Ibid, 11-12 also see Southerton, "James R. Walker's Campaign against Tuberculosis," 112, table 2.
[90] Ibid, 12.
[91] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1906, Dr. James R. Walker, 357.
[92] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1905, Dr. James R. Walker, 357.

reservation healthcare to investigate, supervise, rearrange, and ultimately assimilate native bodies in the name of health.

By 1906, Walker decided that if he could not supervise sick Oglalas in their homes, it was time to move them. He believed prevention lay in minimizing contact between healthy and infected persons (and their sputum).[93] By the early twentieth century, tuberculosis sanatoriums for the poor were gaining popularity among government officials, public health officers, and white philanthropists.[94] Walker tried to capitalize on the momentum. In his 1906 article, "Tuberculosis Among the Oglala Sioux Indians," Walker argued Oglala hygiene had not yet caught up with the transition from nomadic to sedentary living.[95] He contended that even as the OIA supplied Pine Ridge with better food and clothing than the Oglalas had obtained in their nomadic lives, permanent housing and poor hygiene had fueled a rise in tuberculosis. Walker

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[93] "Experiments with bacilli of tuberculosis," by Walker, Walker Collection (MSS #653), folder 201-1, 1

[94] Barbara Bates in *Bargaining for Life* notes the first sanatorium in the US opened in 1885, but sanatoriums gain momentum between the 1900 and 1917. In the Philadelphia region where *Bargaining for Life* takes place, Bates argues newly formed health departments, physicians, and "popular demand" promoted, and received, public funds to care for "the consumptive poor" via dispensaries, hospitals, and sanatoriums in 1906. She notes that in the final quarter of the nineteenth century, "According to typical judgment of the time, the moral defects of the poor helped to explain their condition, yet society should try to improve it." She adds, "Throughout the century, various groups of private citizens had attempted to relieve the lot of the *deserving* poor by means that included work, schools, asylums, hospital care, and material aid [my emphasis]," including religious organizations. However, Bates notes physicians like Dr. Lawrence F. Flick vehemently criticized the rapid growth of the state-run tuberculosis program in the early twentieth century for its inefficiency and political patronage system. For dissimilar reasons, *Suffering in the Land of Sunshine*'s Charles Willard, an active progressive, also vehemently opposed a public sanatorium in Los Angeles for fear it would invite sick, working-class migrants to the city. Middle-class fear played a large role in sanatorium work. One specific sanatorium takes center stage in Samuel Roberts' *Infectious Fear: Politics, Disease, and the Health Effects of Segregation*. Roberts argues Maryland's Henryton Sanatorium for African-Americans, which opened in 1923, was an expensive and delayed public health option that likely had little effect on mortality rates. Moreover, Roberts contends the sanatorium also distracted the public from black leaders' crusades against segregation and unfair housing, which they believed had contributed to the tuberculosis epidemic among African-Americans in Baltimore. See Barbara Bates, *Bargaining For Life: A Social History of Tuberculosis, 1876-1938*, (Philadelphia: University of Pennsylvania Press, 1992), 43, 156, 167; Emily K. Abel, *Suffering in the Land of Sunshine: A Los Angeles Illness Narrative*, (New Brunswick, NJ: Rutgers University Press, 2006), 79, 81-2; Samuel Kelton Roberts Jr., *Infectious Fear: Politics, Disease, and the Health Effects of Segregation*, (Chapel Hill: University of North Carolina Press, 2009), 171-3, 190-1, 197.

[95] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1896, 294. Agent Clapp complained that visitors frequently moved around the reservation "under the guise of religious convocations," ate all the food in the area, left trash everywhere, and spread diseases like measles, whooping cough, and "more serious diseases." Indian travel caused Clapp anxiety.

wrote, "they were filthy both when they lived in tepees and when they lived in houses [on the reservation]."[96] But while their tepees were well-ventilated and their mobility allowed them to leave their waste behind, Walker argued the Oglalas "built their [reservation] houses small and low, with tight dirt roof and the ground for a floor, with every crack or crevice stopped with daubing for the purpose of preventing ventilation."[97] Fresh air and ventilation were essential to western-style tuberculosis treatment at the time. In the mid- to later-nineteenth century, white health seekers poured into the west in search of fresh air. Perhaps Walker saw the Oglalas' housing choices as ironic in light of the abundant, western air they could breathe every day. He complained that in cold weather, they crowded together in "stifling[ly]" hot cabins, which "…lowered the resistance to morbific agencies of every kind."[98] Walker seems to have forgotten that extremely cold South Dakota winters, and not ignorance, may have brought freezing Oglalas together.

To correct this behavioral flaw and advocate for more generous OIA funding, Walker proposed building a sanatorium on the reservation in a series of correspondences from 1906 to 1908 between Walker, Pine Ridge's agent John Brennan, and Leupp's office. In a letter to Leupp dated September 4, 1906, Walker bemoaned his incapacity to provide sick Oglalas with "competent supervission [sic] at their homes."[99] At the commissioner's behest, Walker had visited sanatoriums around the country to inform the building of one at Pine Ridge. However, he took issue with many of these sanatoriums because they only treated cases of *pulmonary* tuberculosis. He argued, "…the only practicle [sic] method which will insure [sic] [the destruction of all infected materials] is by placeing [sic] *every* case of tuberculosis in a

[96] Walker, "Tuberculosis Among the Oglala Sioux Indians," 601.
[97] Ibid, 603.
[98] Ibid, 601, 603.
[99] Walker to Hon. Commissioner of Indian Affairs, Sept. 4, 1906, Walker Collection (MSS #653), History Colorado, folder 207-1, 2.

sanatorium, and keeping *it* there untill [sic] *it* has terminated [my emphasis]." Since Walker did not believe the Oglalas – here referred to impersonally as "cases" – were capable of enacting "simple precautions for preventing infection," all non-isolated tuberculous Indians would be a "constant source of infection."[100]

While Walker was apt to blame the Oglalas' ignorance for their diseases, he also considered them "wards of the Nation," and ultimately the federal government's responsibility. In the same letter to Leupp, Walker wrote, "the conditions that have caused [tuberculosis's] prevailance [sic] among [the Oglalas] result of the policy of the Government in the management of their affairs, and, therefore, they have an equitable claim upon the Government for such help as they may need for suppressing it." Just as he had wielded his gun to enforce a quarantine at Leech Lake, Walker believed the OIA would have to "exercise [its] authority to place these Indians in such a sanatorium…and to keep them there, because of their ignorance of the benefits to them." Moreover, Walker claimed tuberculous Oglalas were a "constant source of danger to white people," namely the "citizens of the Dakotas." Walker creatively appealed to the federal government's obligation to the Indian through its duties to protect its states and citizens. His real concern was that, "…if the raviges [sic] of tuberculosis among these Indians are not checked it will exterminate them, and…if they are left to their own resources for combatting it they must inevitably perish as a people because of it."[101] This statement is dramatic, but probably influenced Walker's ethnographic work. The need to preserve Oglala culture before they disappeared was an urgent concern, especially if the OIA was hastening their extinction through inaction.

[100] Walker to Hon. Commissioner of Indian Affairs, Sept. 4, 1906, Dr. James R. Walker Collection (MSS #653), History Colorado, folder 207-1, 2
[101] Ibid, 3-4

Walker was an early proponent of Indian sanatoriums and the forced removal of Indian bodies from their homes, a strategy the OIA would take up in earnest in the following decades.[102] He was also unique in proposing a sanitary *tent camp*. He explained to Leupp in 1906 that:

> From some cause, which is *probably heredity*, [the Oglalas] do not thrive in an institution of buildings, no matter how good their sanitary conditions may be…Further, when sick they have a mortal dread against occupying a room where there are others sick, and…against sleeping in an abode where one has died. Though these appear as only silly traits they are controlling conditions which must be taken into consideration [sic] when dealing with this people. [my emphasis][103]

As such, Walker suggested the sanatorium take the form of a tent encampment, as "these Indians are accustomed to living." In this passage, Walker blames their "heredity" for their supposed weakness in buildings. It is unclear if he meant biological or cultural heredity, but regardless it points to a challenge assimilative efforts had to overcome. But Walker was less interested in changing their hereditary "flaw" than working with it. A sanitary camp, he argued, would allay their "superstitions" and, if situated in an ideal location, could be low-cost, self-sufficient, and flexible in size.[104] Clearly, his shaman training influenced Walker. He had seen inside their epistemology and acknowledged their beliefs as legitimate to them. Moreover, Walker noted in his ethnographical notes that Oglalas told their "fables to account for most of the peculiarities of natural things…in the tepees."[105] In this instance, his ethnographical work may have helped him to see the social and religious significance of tepees and led him to believe sick Oglalas would

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[102] Mark St. Pierre, *Madonna Swan: A Lakota Woman's Story*, (Norman: University of Oklahoma Press, 1991), 62, 71, 81. Madonna Mary Swan Abdalla gives a first-hand account of her experiences with tuberculosis first in the Immaculate Conception boarding school and later in the Sioux Sanatorium from 1944 until she escaped in 1950. Swan describes the fear and stigma of tuberculosis in her community and at school as well as the forced isolation and poor conditions of the sanatorium.

[103] Walker to Hon. Commissioner of Indian Affairs, Sept. 4, 1906, Dr. James R. Walker Collection (MSS #653), History Colorado, folder 207-1, 5.

[104] Ibid, 5-6.

[105] Manuscript, "The Plains Indians, Their Medicines and Myths," by James R. Walker, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 138-1. 7.

easily relocate to tents. But the tent proposal might have made the OIA uncomfortable with such an accommodating arrangement.

That said, in the spring of 1907, boarding school superintendent Edwin Chalcraft built six tents in the orchard at Salem Indian Training School (Chemawa) in Oregon. He placed 12 tuberculous schoolboys in the tents. They stayed in the tents through the winter, supposedly voluntarily. In his memoir, Chalcraft claimed he had considered using tents for tuberculosis therapy since 1888. When the agency physician left Chemawa in 1907, Chalcraft instituted a temporary physician whom he could control to experiment with tuberculosis treatment.[106] Three months after Chalcraft built the six tents, Leupp visited the school. Chalcraft claims he was the first to use tents to treat Indians for tuberculosis and that Leupp was so inspired he wrote an education circular about the tents' benefits. Of course, Leupp *had* previously heard of this idea from James Walker. Still, with Leupp's approval, Chalcraft set up a more permanent sanitary camp. In 1908, Leupp visited again and approved funding for a "permanent structure" to isolate tuberculosis cases. Chalcraft's close relationship with the Commissioner of Indian Affairs, and Leupp's multiple visits to the school resulted in financial support Walker would never see. What also helped was that, contrary to his original tent plan, Chalcraft proposed building ventilated wooden houses for tuberculous school children.[107] In doing so, he worked *within* the OIA's basic assimilative goals of moving native bodies into western-style (ie. non-tent) housing. Chalcraft couched his "experiment" in contemporary medical ideas about tuberculosis therapy

[106] Edwin L. Chalcraft, *Assimilation's Agent: My Life as a Superintendent in the Indian Boarding School System*, Cary C. Collins, ed. (Lincoln: University of Nebraska Press, 2004). For contemporary fresh air treatments, see Rothman, *Living in the Shadow of Death*.

[107] Chalcraft, pp. 223-4. See also James, "'Hardly a Family Is Free from the Disease,'"156. Agent Lipps and Dr. Alley at Nez Perce reservation designed to transform Fort Lapwai boarding school into a school sanatorium. The school reopened as a sanatorium in 1909, both supported educational assimilation for sick Nez Perce children while attempting to integrate healthy children into non-reservation public schools. James does not elaborate on the success rate or white reactions to public school integration.

and fresh air, and not in a wish to make Indians more comfortable in what was perceived as their "antiquated," "uncivilized" pre-reservation lifestyles.

Back at Pine Ridge, two years of negotiations, official authorization, and land surveys resulted in failure. There were multiple causes, but the most harmful was criticism from OIA inspector Charles L. Davis. In 1907 Davis wrote to Leupp that Walker's plans for a sanatorium were "not practicle [sic]" and that if he wished to have a sanatorium, Walker should use the small brick hospital he had "at his command."[108] Walker denied neither that the brick building was "at his command" nor that it was safe for hospital use.[109] Moreover, Davis dismissed Walker's vital statistics as worthless to which a very chagrined Walker replied, "the curator of ethnology of one of the most eminent scientific institutions of this country…and other scientific men have pronounced them of much scientific value."[110] But what most irritated Walker was that Davis failed to see the genius in his sanitary camp designs.[111] Walker's correspondence with the commissioner regarding the camp continued after Davis's accusations, but no tent camp ever materialized.[112] Beyond Davis's damning report, the OIA possibly never followed through with Walker's sanitary camp because it was too different from the sanatorium styles popular in the early-twentieth century. Walker's proposal for a tent camp relied too heavily cultural sensitivity and triggered fears of engendering cultural resistance.

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[108] Letter, Agent John R. Brennan to Walker, 21 December 1907 [copy], National Archives, Record Group 75, Letters Received Bureau of Indian Affairs, Pine Ridge 30745-1908 (received from Raymond DeMallie). Brennan reprints parts of a letter addressed to him from the Commissioner of Indian Affairs, who in turn cited selections of Charles L. Davis's letter to him.
[109] Letter, Walker to Hon. Commissioner of Indian Affairs, 24 April 1908, National Archives, Record Group 75, Letters Received Bureau of Indian Affairs, Pine Ridge, 30745-1908, 7-8 (received from Raymond DeMallie).
[110] Walker to Hon. Commissioner of Indian Affairs, 24 April, 24 1908, 5.
[111] Ibid, 6-7.
[112] Letters, Walker to Hon. Commissioner of Indian Affairs, July 18, 1908 and Sept. 12, 1908, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado (received from Raymond DeMallie).

Another reason for the sanitary camp's failure was the hands-off approach to Indian health – based in western models of sanitary health education – the OIA embraced by 1908.[113] On the national scene, public health provided OIA agents and physicians an opportunity to survey the bodies and homes of their Indian "wards."[114] David Jones contends reservation physicians and federal officials worked in "a cycle of rediscovering the problem of Indian tuberculosis."[115] These federal employees believed in the power of science and, skeptical of existing data, collected "proper" vital statistics on American Indians. Outraged by the "new" findings, officials and physicians leapt to propose "novel" plans to combat the problem. These proposed plans were *not* original, though, and many had already failed in the past. Physicians and officials subsequently became disillusioned with persistently high mortality rates, whereupon they abandoned their proposals.[116]

One prominent example of these nationwide surveys was Aleš Hrdlička's 1908 study, *Tuberculosis Among Certain Indian Tribes of the United States*. The OIA and Smithsonian Institution jointly supported Hrdlička's study and his results were presented to the Sixth International Congress on Tuberculosis in October 1908 and published in the Bureau of American Ethnology the following year.[117] As Hrdlička described his study, "the actual work consisted in visiting dwellings consecutively and making a personal examination of each

[113] Prucha, *The Great Father*, 2: 847-8; United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, Washington, DC: Government Printing Office, 1908, 23-4.
[114] Letter, Dr. James R. Walker to Hon. Commissioner of Indian Affairs, Sept. 4, 1906, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 207-1, 3.
[115] Jones, *Rationalizing Epidemics*, 165. I don't agree with his timed cycles "in the 1890s, 1900s, and 1910s." My understanding is they usually straddle the decades.
[116] Ibid, 165; James, "'Hardly a Family Is Free from the Disease,'" 149.
[117] W.H. Holmes, "Prefatory Note," in Smithsonian Institution, Bureau of American Ethnology, *Tuberculosis Among Certain Indian Tribes of the United States by Aleš Hrdlička*, Bulletin 42, (Washington: Government Printing Office),1909.

member of every family, healthy or not healthy."[118] For each of the five tribes studied, Hrdlička inspected sample populations. At Pine Ridge, he examined 100 "pure-blooded" Oglala families (428 individuals) for tuberculosis. Hrdlička diagnosed 105 of the 428 Oglalas with either confirmed or suspected tuberculosis (24.5%). However, only 34 of the 100 families were completely free of tuberculosis, meaning that many more households contained a mix of infected and healthy relatives.[119] Hrdlička also postulated on the causes of high tuberculosis rates and the means for prevention. Dwellings, clothing, food, climate, occupations, food and "habits, etc." were all important variables to Hrdlička in preventing tuberculosis, as was Indian "progress towards civilization."[120] Hrdlička ranked the Oglala's level of civilization as "in transition period" based on what he held were inadequately-designed houses and ignorant sanitary habits.[121]

In the 1908 Commissioner of Indian Affairs Annual Report, Leupp devoted two pages to "Fighting the White Plague," tuberculosis. Leupp lauded Hrdlička's study and noted his own efforts to combat tuberculosis such as "continually authorizing the establishment of sanitarium camps, where the inmates can fairly live in the open air, be constantly under the eye of the physician, have their diet, clothing, etc., carefully regulated and be subject to the most stringent regulations…for cleanliness."[122] Leupp also advertised that he had granted all agency physicians the title "health officer," at once acknowledging their public health work and bestowing upon

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[118] United States, Smithsonian Institution, Bureau of American Ethnology, *Tuberculosis Among Certain Indian Tribes of the United States by Aleš Hrdlička*, Bulletin 42, (Washington: Government Printing Office),1909, 7.
[119] Smithsonian, *Tuberculosis Among Certain Indian Tribes of the United States by Aleš Hrdlička*, 11, 24-5. Hrdlička conclusively diagnosed that 21 Oglala with pulmonary tuberculosis, 43 with tuberculosis of the neck, and 9 with tuberculosis of the bones. However, other cases he was unable to bacteriologically confirm, bringing the number of confirmed and "suspicious" cases up to 105.
[120] Ibid, table 3, 20-1. Dirt floors, overheated and moist houses, proximity to consumptives, and poverty caused by familial neglect were all targets in the fight against tuberculosis, 30-1.
[121] Ibid, 11, table 3, 20-1.
[122] United States, Office of Indian Affairs, *Annual Report of the Department of the Interior, Indian Affairs: Report of the Commissioner and Appendixes*, 1908, 24.

them the legal power to enter native homes and demand proper hygiene. Walker still hoped that higher rates of tuberculosis would convince the Oglalas to reinstitute Walker's sanitary measures in his absence and this new title did not seem to improve Walker's ability to supervise every Oglala.[123] Although upon this authority, he requested all day school teachers to be appointed deputy health officers for their districts.[124]

Indeed, these small efforts presumed the premiere solution to Indian health was health education. Contemporaries also recognized the growing impossibility for physicians to supervise all Indians. In the prefatory note to Hrdlička's 1908 study, William Henry Holmes, chief of the Smithsonian's Bureau of American Ethnology, remarked the problem with Indian health was, "in some cases the difficulty is the lack of necessary legislation; in some, the impracticability of exercising sufficiently close supervision over even those Indians disposed to accept the white man's counsel; in still other cases the compulsory measures which would be necessary to bring about the desired result do not have the sanction of Congress or of public opinion."[125] Clearly, these problems were well-known among professionals working in anthropology and the OIA. One optimistic solution to this problem was health education. Walker also believed in the power of health education. *The Indian News* published his article "The Prevention of Tuberculosis," in its October 1906 issue. In the article, Walker compared the etiology of tuberculosis in the lungs to moldy bread in damp weather and argued similar climatic changes and disinfection could prevent both.[126] Written at the height of Walker's enthusiastic campaign for the sanitary tent camp, he wrote, "we remove the moldy loaf of bread to git [sic] rid of the infection which

[123] Prucha, *The Great Father*, 2: p. 848.
[124] Letter, James R. Walker to Hon. Commissioner of Indian Affairs, June 15, 1913, Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 208-1, 2. Walker described himself as a health officer in this letter.
[125] W.H. Holmes, "Prefatory Note," in Smithsonian, *Tuberculosis Among Certain Indian Tribes of the United States by Aleš Hrdlička*.
[126] James R. Walker, "The Prevention of Tuberculosis," *The Indian News* 10, no. 2 (October 1906): 2, 6.

emanates from it, and if we could remove a tuberculous person this measure would be equally efficacious in the prevention of this disease."[127] Like mold, Walker drew on fears of a disease reservoir and possible Indian extinction to argue tuberculous Oglalas threatened to infect the entire reservation and possibly beyond.

Additionally, in 1908 Leupp appointed the first medical supervisor to the OIA.[128] In 1910, this physician, Dr. Joseph A. Murphy, published *Manual on Tuberculosis: Its Cause, Prevention, and Treatment*. The manual contained lessons on the microbial causes of tuberculosis. Murphy included an image of tubercle bacilli under a microscope. He also warned that besides expectorating tuberculous patients, clothing and pipes could also carry the bacteria.[129] The manual's purpose, he wrote, was "to give to the Indian in the simplest way the facts which he should know in regard to tuberculosis and to show him in a practical way how to modify his home conditions so as to prevent the spread of disease." A year later, Murphy reemphasized the importance of health education in his article, "Health Problems of the Indians." He sympathetically blamed federal "invasion of the Indian home" for many Indians' reticence to medical examinations and treatment. Still, Murphy incriminated Indian homes, habits, and sanitary ignorance in the losing struggle to control tuberculosis. He expected more regular inspections and reporting on reservation sanitation, but acknowledged that only through health education would "any real lasting results [be] accomplished."[130] Murphy's manual reached Pine Ridge by March 1910. Inspector John Francis Jr. sent a memo to all reservation teachers explaining how to use the manual. He ended noting they would receive further instructions near

[127] Walker, "The Prevention of Tuberculosis," 4.
[128] Prucha, *The Great Father*, 2: 848.
[129] Office of Indian Affairs, *Manual on Tuberculosis: Its Cause, Prevention, and Treatment by Joseph A. Murphy, MD*, (Washington DC: Government Printing Office, 1910), 5.
[130] Joseph A. Murphy, "Health Problems of the Indians," *Annals of the American Academy of Political and Social Science* 37, no. 2, The American Public Health Movement (March 1911) 104, 106, 108.

the end of the fiscal year "for the purpose of testing what practical instructions have been fiven [sic: given] to the pupils by the teachers."[131] As such, Murphy proposed greater curricular emphasis on health education and disease prevention in schools as well as health education for OIA employees and literate reservation Indians. Ruling from a distance, the OIA presumed Indians should take responsibility for their health and cure themselves by adopting mainstream sanitary behaviors, even if medical infrastructure and supplies on reservations was lacking.

Conclusion, 1911–1926

By 1911 Walker had been collecting anthropological data for the AMNH for nine years, and his shaman trainings granted him access to ethnographical information otherwise hidden from outsiders. But this does not explain his induction into the Buffalo Medicine Society, nor his more general desire to "to know the Indian from the Indian point of view." [132] Walker simultaneously trained as a medicine man while showing the medicine men tubercle bacilli under a microscope because he was performing epistemological assimilation. Even his ethnographic data proves this was one motive. Raymond DeMallie and Elaine Jahner have contended that Walker transformed the style of the Oglala myths and holy knowledge he was told. Walker attempted to retell their stories "as an Oglala Shaman might have spoken had he been able to express his concepts in the English language…"[133] Yet the translation was problematic and Walker was often more interested in writing synthetic ethnographies of myths and rituals than

[131] Circular from John Francis Jr. to Teachers [electronic record], March 4, 1910, Correspondence of the Day School Inspector: Circulars March 4, 1910 to June 17, 1912, Correspondence of the Day School Inspector J.J. Duncan Feb. 9, 1910 to Sept. 6, 1916, Records of the Bureau of Indian Affairs, Pine Ridge, Record Group 75, 283933-1910.
[132] "Life Among Indians Teaches Physician Their Lore," Dr. James R. Walker Collection (MSS #653), History Colorado, Denver, Colorado, folder 37-1.
[133] Manuscript, "The Plains Indians, Their Medicines and Myths," Walker Collection (MSS #653), History Colorado, folder 138-1.

attempting to transcribe them as each informant had told him.[134] He wanted to translate both the Lakota language and culture both for posterity, but also so the western world could understand and could possibly utilize to assimilate the Indians.[135]

In 1913, a visiting physician named Dr. George O. Keck accused Walker and the two other Pine Ridge physicians of neglect. Keck cited high rates of trachoma, bickering between the physicians, and inattention to the day school students' health. He wrote to Medical Supervisor Murphy that, "Dr. Walker is old and getting behind in the times."[136] The next year Walker retired to Denver. He continued to compile his research on the Oglalas in collaboration with the AMNH. In 1917, the AMNH published his study of Oglala ceremony.[137] Walker died in 1926. In 1928, the Meriam Report presented damning confirmation that the Indians' health status remained dismal.[138] In 1934, the new Commissioner of Indian Affairs, John Collier, officially overturned assimilation policy.[139] The OIA's inability to improve Indian health and control Indian bodies was instrumental in the policy's dissolution.

During assimilation policy, the OIA had set out to utilize biomedicine to investigate, supervise, move, and educate Indian bodies and minds to better understand their "wards." Walker's interest in Oglala culture went above and beyond OIA policy. While his work was part of a broader academic movement to record Indian culture, Walker's inquiries into Oglala religion and healing had begun even earlier. Walker had hoped his investigations would reveal how to collaborate with the medicine men and how to drive tuberculosis from the reservation. His

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[134] DeMallie and Jahner, "James R. Walker: His Life and Work," 18.
[135] For posterity, see "Life Among Indians Teaches Physician Their Lore," Dr. James R. Walker Collection (MSS #653), folder 37-1.
[136] Letter, George O. Keck to Joseph A. Murphy, 4 April 1913, National Archives, Record Group 75, 52038-1913, 4 (received from Raymond DeMallie).
[137] American Museum of Natural History, *Anthropological Papers of the American Museum of Natural History Vol. XVI, Part II: The Sun Dance and Other Ceremonies of the Oglala Division of the Teton Dakota By J. R. Walker*, (New York: Published by the Order of the Trustees, 1917).
[138] Institute for Government Research, *The Problem of Indian Administration*.
[139] Prucha, *The Great Father*, 2: 957.

studies *did* provide insight into Oglala culture and, along with meager OIA funding, spurred Walker to partially rethink Indian health in his sanitary camp model. But his sanitary camp's ultimate failure demonstrated the limits of the OIA's tolerance for potentially non-assimilative methods of healthcare.

While tuberculosis remained a significant health problem at Pine Ridge, and across the Great Plains, for many years, recent studies have explored indigenous culture revitalization as a form of healing for sick or traumatized American Indians. Reconnecting Indians with their culture, much of which has been eroded by misguided policies like assimilation, has proven to have mental and spiritual healing properties. [140] The integrity of Walker's ethnographic research is debated, but it remains a rich source of voices and knowledge from Oglalas like George Sword, American Horse, and Short Bull. Perhaps through recording their stories Walker *did* provide a future solution to improving native health.

[140] For example, Deborah Bassett, Ursula Tsosie, and Sweetwater Nannauck, "'Our Culture Is Medicine': Perspectives of Native healers on Posstrauma Recovery Among American Indian and Alaska Native Patient," *The Permanente Journal* 16, no. 1 (Winter 2012): 19-27.

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